Case 23-13679-amc Doc 20 Filed 01/09/24 Entered 01/09/24 16:22:17 Desc Main

| | | | Document | 1 agc 1 or 4 | |
|-----------------------------|----------------------|-------------|------------------------|--------------|--|
| Fill in this information to | o identify your case | : | | | |
| Debtor 1 | Sadiyah | Anna-Kay | Malcolm | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | Check if this is: |
| United States Bankrup | otcy Court for the: | Eas | tern District of Penns | ylvania | ✓ An amended filing ☐ A supplement showi |
| Case number | 23-13679-a | mc | | | chapter 13 income a |
| (if known) | | | | | |
| | | | | | MM / DD / YYYY |
| Official Form | 1001 | | | | MM / DI |
| Official Form 7 | 1001 | | | | |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any

| | itional pages, write your name and rt 1: Describe Employment | case number (if known). Ar | nswer every qu | estio | 1. | | | | | |
|----|--|------------------------------------|------------------|--------------|--------------|----------------|------------------|-------------------|-------------|-------------|
| | Fill in your employment information. | | Debtor 1 | | | | Debt | or 2 or non | -filing spo | ouse |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status Occupation | Employed Student | ı ⊠ N | ot Employ | ed | □ Emplo | oyed V Not | t Employe | d |
| | Include part time, seasonal, or self-employed work. | Employer's name Employer's address | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | ployol o addition | Number Stree | et | | | Number | Street | | |
| Pa | ort 2: Give Details About Mor | How long employed there | City | | State | Zip Code | City | | State | Zip Code |
| | Estimate monthly income as of thunless you are separated. | ne date you file this form. If y | ou have nothir | ng to r | eport for a | ny line, write | \$0 in the space | e. Include y | our non-fil | ling spouse |
| | If you or your non-filing spouse ha more space, attach a separate she | | combine the in | forma | tion for all | employers fo | r that person o | n the lines b | pelow. If y | ou need |
| | | | | | Fo | r Debtor 1 | For Debtor | | | |
| 2. | List monthly gross wages, salary deductions.) If not paid monthly, ca | | | 2. | | \$0.00 | | \$0.00 | | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | + | \$0.00 | + | \$0.00 | | |
| 4. | Calculate gross income. Add line | 2 + line 3. | | 4. | | \$0.00 | | \$0.00 | | |

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Debtor 1 Sadiyah Anna-Kay Malcolm Case number (if known) 23-13679-amc

Last Name

First Name

Middle Name

| | | | For Debtor 1 | | For Debtor 2 or non-filing spouse | |
|-----|--|---------|--------------|-------|-----------------------------------|-------------------------|
| | Copy line 4 here→ | 4. | \$0.00 | | \$0.00 | |
| 5. | List all payroll deductions: | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | \$0.00 | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | \$0.00 | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | \$0.00 | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | \$0.00 | |
| | 5e. Insurance | 5e. | \$0.00 | | \$0.00 | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | | \$0.00 | |
| | 5g. Union dues | 5g. | \$0.00 | | \$0.00 | |
| | 5h. Other deductions. Specify: | 5h. | + \$0.00 | + | \$0.00 | |
| 6. | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$0.00 | | \$0.00 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | | \$0.00 | |
| 8. | List all other income regularly received: | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | | \$0.00 | |
| | 8b. Interest and dividends | 8b. | \$0.00 | | \$0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | OD. | <u> </u> | | \$0.00 | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | | \$0.00 | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | | \$0.00 | |
| | 8e. Social Security | 8e. | \$0.00 | | \$0.00 | |
| | 8f. Other government assistance that you regularly receive | | | | | |
| | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | |
| | Specify: | 8f. | \$0.00 | | \$0.00 | |
| | 8g. Pension or retirement income | 8g. | \$0.00 | | \$0.00 | |
| | 8h. Other monthly income. Specify: See additional page | 8h. | + \$3,289.16 | + | \$0.00 | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$3,289.16 | | \$0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse | 10. | \$3,289.16 | + | \$0.00 | \$3,289.16 |
| 11. | State all other regular contributions to the expenses that you list in Scheo | dule J. | | | | |
| | Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a | | | | | |
| | Specify: | | | | 11. + | + \$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics | | | incor | me. Write that | \$3,289.16 |
| | | | | | | Combined monthly income |
| 13. | | orm? | | | | |
| | ✓ No. | | | | | |
| | Yes. Explain: | | | | | |

| Debtor 1 | <u>Sadiyah</u> | Anna-Kay | Malcolm | Case number (if known) 23-13679-amc | | |
|-------------|----------------------|-------------|-----------|-------------------------------------|--|--|
| | First Name | Middle Name | Last Name | | | |
| | | | | Amount | | |
| 8h. Other n | monthly income For I | Debtor 1 | | | | |
| Univers | sity Stipend | | | \$2,598.00 | | |
| 2022 T | ax Return | | | \$691.16 | | |
| | | | | | | |

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| Fill in this information to identify your case: | | | | | |
|---|------------|-------------|-------------------------------|--|--|
| Debtor 1 | Sadiyah | Anna-Kay | Malcolm | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | East | tern District of Pennsylvania | | |
| Case number (if known) 23-13679-an | | nc | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you may as agree to pay compone who is NOT as attempts to halp you fil | Lauthankruntau farma? |
| Did you pay or agree to pay someone who is NOT an attorney to help you fil | out bankruptcy forms? |
| ☑ No | |
| ☐ Yes. Name of person | _ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have read the summary and schedu | les filed with this declaration and that they are true and correct. |
| | |
| y | |
| /s/ Sadiyah Anna-Kay Malcolm | |
| Sadiyah Anna-Kay Malcolm, Debtor 1 | |
| Date <u>01/09/2024</u> | |
| MM/ DD/ YYYY | |
| | |